

# Athletic Pubalgia Surgery



INDEPENDENT CARE HEALTH PLAN

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Line of Business: Medicare

## Medicare Advantage Medical Coverage Policy

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#### Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

## Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

## Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

There are no NCDs and/or LCDs for athletic pubalgia surgery.

## Description

Athletic pubalgia, also known as core muscle injury, sportsman's or sports hernia, is a condition involving persistent groin pain during exercise when there is no evidence of a clinically detectable hernia. Athletic pubalgia is not a true hernia, but is considered an overuse injury in which the external oblique muscle and surrounding tendons and/or the transverse abdominis or internal oblique muscles are worn or partially torn.

Conservative treatment generally consists of rest, medications and physical therapy. If conservative treatment fails, surgical treatment may be suggested as an alternative. The procedure may be performed using a laparoscopic or open anterior approach. The laparoscopic approach involves placing a prosthetic mesh made of polypropylene or polyester in the preperitoneal space and dividing nerve fibers, specifically the genitofemoral nerve as it passes through the internal ring.

Alternatively, an open anterior approach purportedly allows for greater precision in identifying the abnormality and in tailoring the corrective surgery to the specific pathophysiologic abnormality. A neurectomy or neural ablation may be performed in an attempt to help minimize long term persistent pain.

### **Coverage Determination**

*iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.*

*In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria.*

#### [Athletic Pubalgia Surgery](#)

*The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.*

### **Coverage Limitations**

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

### **Coding Information**

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
27299	Unlisted procedure, pelvis or hip joint	
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	
49999	Unlisted procedure, abdomen, peritoneum and omentum	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

## Change Summary

- 01/01/2024 New Policy.